Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 1 of 22

| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|------------------------|-----------|------------------------------------|--|--|--|
| Debtor 1 | Louisa F. Correa | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States B | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | | |
| Case number | 19-31542 | | | | | | |
| (if known) | | | | Check if this is an amended filing | | | |

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders 12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

| | | | | | Unsecured claim | |
|-------------------------------------|------|----------------------------------|--|--------------|------------------------|--|
| | What | is the nature of the claim? | Collection Attorney Valley Emergency Room Assoc Pa | | \$ \$118.00 | |
| AFS/AmeriFinancial Solutions, | | | | | | |
| LLC. | | the date you file, the claim is: | Check all that a | apply | | |
| Attn: President / Vice President / | | Contingent | | | | |
| C.E.O | | Unliquidated | | | | |
| / Responsible Agent | | Disputed | | | | |
| Po Box 65018 Baltimore, MD 21264 | | None of the above apply | | | | |
| | Does | the creditor have a lien on you | ur property? | | | |
| | | No | | | | |
| Contact | | Yes. Total claim (secured and | d unsecured) | \$ | | |
| | | Value of security: | | - \$ | | |
| Contact phone | | Unsecured claim | | \$ | | |
| | What | is the nature of the claim? | Credit car | rd purchases | \$ \$27,371.44 | |
| American Express | | | | | | |
| Travel Related Services | | the date you file, the claim is: | Check all that a | apply | | |
| Company, Inc. | | Contingent Unliquidated | | | | |
| PO Box 53773 | | Disputed | | | | |
| Phoenix, AZ 85072 | 브 | None of the above apply | | | | |
| | | reduce of the above apply | | | | |
| | Does | the creditor have a lien on you | ur property? | | | |
| | | No | | | | |
| Contact | | Yes. Total claim (secured an | d unsecured) | \$ | | |

B104 (Official Form 104)

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 2 of 22

| btor 1 | Louisa F. Correa | | Case nu | mber (if known) | 19-31542 | 2 | | |
|--------|--|---|---|--------------------|----------|----------------|--|--|
| | | | Value of security: | | - \$ | | | |
| | Contact phone | | Unsecured claim | | \$ | | | |
| | | What | is the nature of the claim? | Credit Card | | \$_\$43,419.00 | | |
| | Amex Attn: President / Vice President / | As of | the date you file, the claim is: | Check all that app | oly | | | |
| | C.E.O | | Contingent | | , | | | |
| / | Responsible Agent / | | Unliquidated | | | | | |
| | Bankruptcy Sankruptcy | | Disputed | | | | | |
| - | Po Box 981540 El Paso, TX 79998 | | None of the above apply | | | | | |
| _ | | Does | the creditor have a lien on you | ir property? | | | | |
| | | | No | | | | | |
| - | Contact | | Yes. Total claim (secured and | d unsecured) | \$ | | | |
| _ | | | Value of security: | | - \$ | | | |
| C | Contact phone | | Unsecured claim | | \$ | | | |
| | | What | is the nature of the claim? | Contract | | \$ \$4,753.98 | | |
| | Aronsohn Weiner & Slerno | | | 0 | | | | |
| _ | 263 Main Street | AS Of | the date you file, the claim is: Contingent | Check all that app | Dly | | | |
| ŀ | Hackensack, NJ 07601 | | Unliquidated | | | | | |
| | | | Disputed | | | | | |
| | | = | | | | | | |
| | | | None of the above apply | | | | | |
| _ | | Does the creditor have a lien on your property? | | | | | | |
| | | | No | | | | | |
| _ | Contact | | Yes. Total claim (secured and | d unsecured) | \$ | | | |
| | | | Value of security: | | - \$ | | | |
| C | Contact phone | | Unsecured claim | | \$ | | | |
| | | What | is the nature of the claim? | Charge Acc | ount | \$ \$6,689.00 | | |
| | Capital One/Neiman | | | | | | | |
| | Marcus/Bergdorf Goodm | | the date you file, the claim is: | Check all that app | oly | | | |
| | Attn: President / Vice President / | | Contingent | | | | | |
| | C.E.O | | Unliquidated Disputed | | | | | |
| | Responsible Agent / Bankruptcy Dept | | Disputed None of the above apply | | | | | |
| | Po Box 30285 | | None of the above apply | | | | | |
| | Salt Lake City, UT 84130 | | | | | | | |
| _ | Sun Lune Only, OT 04100 | Does | the creditor have a lien on you | ir property? | | | | |
| | | | - | , | | | | |
| - | Dente et | | No You Total claim (secured and | luncocurod' | ¢ | | | |
| (| Contact | | Yes. Total claim (secured and Value of security: | a unsecureu) | - \$ | | | |
| (| Contact phone | | Unsecured claim | | \$ | | | |
| | | What | in the nature of the eleim? | Charra A | - Aunt | ¢ ¢04.00 | | |
| | Citibank/The Home Denot | vvnat | is the nature of the claim? | Charge Acc | ount | \$ \$84.00 | | |
| | Citibank/The Home Depot Attn: President / Vice President / | | | | | | | |
| | C.E.O | | | | | | | |
| | Responsible Agent / | | | | | | | |
| | Bankruptcy | | | | | | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 3 of 22

| Debtor 1 | Louisa F. Correa | | Case nu | ımber (if known) | 19-315 | 42 | |
|----------|--|---|---|---------------------------------------|------------------|-----------------|--|
| | Po Box 790034 St Louis, MO 63179 | As of | ☐ Unliquidated | | | | |
| | | _ | | | | | |
| | | Does the creditor have a lien on your property? No | | | | | |
| | Contact | | Yes. Total claim (secured an | d unsecured) | \$ | | |
| | Contact phone | | Value of security: Unsecured claim | | - \$ \$ | | |
| 7 | | What | is the nature of the claim? | Charge Acc | count | \$ \$0.00 | |
| | Dsnb Bloomingdales Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Po Box 9111 Mason, OH 45040 | As of | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply | | | | |
| | Mason, On 43040 | Does | the creditor have a lien on yo | ur property? | | | |
| | Contact | □ | No Yes. Total claim (secured an Value of security: | d unsecured) | \$ - \$ | | |
| | Contact phone | - | Unsecured claim | | \$ | | |
| 8 | | What | is the nature of the claim? | 372 Forest Paramus, N Bergen Co | IJ 07652 | \$ \$652,884.07 | |
| | Harry Steinmetz 188 East 78th St. | As of | the date you file, the claim is: | | - | | |
| | Apt. 24 B | | Contingent | onook an that ap | Pij | | |
| | New York, NY 10075 | | Unliquidated | | | | |
| | | | Disputed None of the above apply | | | | |
| | | Does | the creditor have a lien on yo | ur property? | | | |
| | | | No | , , , | | | |
| : | Contact | | Yes. Total claim (secured an | d unsecured) | \$ \$65 2 | 2,884.07 | |
| | - Contact | _ | Value of security: | | | 00,000.00 | |
| | Contact phone | | Unsecured claim | | \$ \$652 | 2,884.07 | |
| 9 | | What | is the nature of the claim? | | | \$ \$48,709.70 | |
| | Internal Revenue Service | As of | the date you file, the claim is: | Check all that an | nlv | | |
| | PO Box 7346 Philadelphia, PA 19101 | | Contingent | Chook all that ap | P'y | | |
| | | | Unliquidated | | | | |
| | | | Disputed | | | | |
| | | | None of the above apply | | | | |
| , | | Does | the creditor have a lien on yo | ur property? | | | |
| | | | No | | | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 4 of 22

| Debtor 1 | Louisa F. Correa | | Case nu | mber (if known) | 19-3154 | 2 |
|----------|--|----------------------|---|--------------------|--------------------|----------------|
| | Contact Contact phone | | Yes. Total claim (secured and Value of security: Unsecured claim | d unsecured) | \$ - \$ - \$ | |
| 10 | | What | is the nature of the claim? | Тах | | \$_\$20,629.32 |
| | Internal Revenue Service PO Box 7346 Philadelphia, PA 19101 | As of □ □ □ | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply | Check all that app | oly | |
| | | Does | the creditor have a lien on you | ır property? | | |
| | Contact Contact phone | | No Yes. Total claim (secured and Value of security: Unsecured claim | d unsecured) | \$ - \$ | |
| 11 | | What | is the nature of the claim? | Educationa | ı | \$ \$50,482.00 |
| | Navient Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773 | | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply the creditor have a lien on you | Check all that app | | . •••• |
| | Contact | | No Yes. Total claim (secured and | | \$ | |
| | Contact phone | | Value of security: Unsecured claim | | - \$ | |
| 12 | Navient | What | is the nature of the claim? | Educationa | ı | \$_\$21,202.00 |
| | Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773 | | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply the creditor have a lien on you | | oly | |
| | | | No | , | | |
| | Contact Contact phone | | Yes. Total claim (secured and Value of security: Unsecured claim | d unsecured) | \$ - \$ | |
| 13 | Navient Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy | What | is the nature of the claim? | Educationa | I | \$ \$19,194.00 |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 5 of 22

| Debtor 1 | Louisa F. Correa | Case number (if known) | 19-31542 | | | | |
|----------|---|---|--|--|--|--|--|
| | Po Box 9640 | As of the date you file, the claim is: Check all that apply | | | | | |
| | Wilkes-Barre, PA 18773 | Contingent | | | | | |
| | | ☐ Unliquidated | | | | | |
| | | Disputed | | | | | |
| | | None of the above apply | | | | | |
| - | | Does the creditor have a lien on your property? | | | | | |
| | | No | | | | | |
| • | Contact | Yes. Total claim (secured and unsecured) | \$ | | | | |
| | | Value of security: | - \$ | | | | |
| - | Contact phone | Unsecured claim | \$ | | | | |
| 14 | | What is the nature of the claim? | \$ \$3,842.24 | | | | |
| | Ollo Card Services | | | | | | |
| | Attn: President / C.E.O. / | As of the date you file, the claim is: Check all that app | bly | | | | |
| | Responsible | Contingent | | | | | |
| | Agent | Unliquidated | | | | | |
| | P.O. Box 660371 | ☐ Disputed | | | | | |
| | | None of the above apply | | | | | |
| - | | Does the creditor have a lien on your property? | | | | | |
| | | ■ No | | | | | |
| - | Contact | Yes. Total claim (secured and unsecured) | \$ | | | | |
| | Communication | Value of security: | -\$ | | | | |
| - | Contact phone | Unsecured claim | \$ | | | | |
| | | | | | | | |
| 15 | | What is the nature of the claim? | \$ \$65,000,00 | | | | |
| 15 | Ctate of New James | What is the nature of the claim? | \$ \$65,000.00 | | | | |
| 15 | State of New Jersey | | | | | | |
| 15 | Commissioner | As of the date you file, the claim is: Check all that app | | | | | |
| 15 | Commissioner NJ Department of Banking and | As of the date you file, the claim is: Check all that app Contingent | | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance | As of the date you file, the claim is: Check all that app Contingent Unliquidated | | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed | | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance | As of the date you file, the claim is: Check all that app Contingent Unliquidated | | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? | | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed None of the above apply | | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No | oly | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 | As of the date you file, the claim is: Check all that approximately contingent Contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) | \$ \$65,000.00 | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 | As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No | \$ \$65,000.00 - \$ \$0.00 | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: | \$ \$65,000.00 | | | | |
| 15 | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact phone | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: | \$ \$65,000.00 - \$ \$0.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately approximately services. | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately contingent | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately Unliquidated | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately Contingent Unliquidated Disputed | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately Unliquidated | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately Contingent Unliquidated Disputed | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Unliquidated Disputed None of the above apply Does the creditor have a lien on your property? No Yes. Total claim (secured and unsecured) Value of security: Unsecured claim What is the nature of the claim? Services As of the date you file, the claim is: Check all that approximately Unliquidated Disputed None of the above apply | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |
| | Commissioner NJ Department of Banking and Insurance 20 W. State Street Trenton, NJ 08625 Contact Contact Contact phone Verizon by American InfoSource 4515 Santa Fe Ave | As of the date you file, the claim is: Check all that approximately contingent Contingent | \$ \$65,000.00 -\$ \$0.00 \$ \$65,000.00 | | | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 6 of 22

| De | Louisa F. Correa | Case number (if known) | 19-31542 |
|----|---|------------------------|----------|
| | Contact phone | Unsecured claim | \$ |
| Ра | rt 2: Sign Below | | |
| | nder penalty of perjury, I declare that the informa | · | |
| X | /s/ Louisa F. Correa | X | |
| | Louisa F. Correa Signature of Debtor 1 | Signature of Debtor 2 | |
| | Date February 25, 2020 | Date | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 7 of 22

| | | : ag |
|---------------------------|--|--|
| rmation to identify your | case: | |
| Louisa F. Correa | | |
| First Name | Middle Name | Last Name |
| | | |
| First Name | Middle Name | Last Name |
| Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | |
| 19-31542 | | |
| 19-31542 | | |
| | Louisa F. Correa First Name First Name Bankruptcy Court for the: | First Name Middle Name First Name Middle Name Bankruptcy Court for the: DISTRICT OF NEW JERSEY |

| Check if this is ar |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t1: Summarize Your Assets | | |
|------------|--|-----------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 1,114,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 75,222.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,189,222.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 1,792,728.86 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 48,709.70 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 198,155.46 |
| | Your total liabilities | \$ | 2,039,594.02 |
| Par | 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 16,558.96 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 15,651.87 |
| ⊃ar | t 4: Answer These Questions for Administrative and Statistical Records | | |
| S . | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other s | chedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | persona | al. family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 8 of 22

Debtor 1 Louisa F. Correa Case number (if known) 19-31542

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Cohodula F/F committee fallowings | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 48,709.70 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 90,878.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 139,587.70 |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 9 of 22

| | | Document P | age 9 c | of 22 | | |
|----------------------|------------------------------|--|-------------|--|--|--------------------------|
| Fill in this inform | mation to identify you | ır case: | | | | |
| Debtor 1 | Louisa F. Corre | a | | | | |
| | First Name | | st Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Las | st Name | | | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | |
| Case number | 19-31542 | | | | √ Check | if this is an |
| | | | | | ameno | ded filing |
| Official Forn | | | | | | |
| Schedule | D: Creditors | Who Have Claims Se | cured | by Propert | У | 12/15 |
| | e Additional Page, fill it o | If two married people are filing together, bout, number the entries, and attach it to th | | | | |
| 1. Do any creditors | have claims secured by | y your property? | | | | |
| ☐ No. Check | this box and submit the | his form to the court with your other sch | edules. You | u have nothing else t | o report on this form. | |
| Yes. Fill in | all of the information | below. | | | | |
| Part 1: List A | II Secured Claims | | | | | |
| | | more than one secured claim, list the creditor | separately | Column A | Column B | Column C |
| for each claim. If m | nore than one creditor has | s a particular claim, list the other creditors in F cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Bayview I | Financial Loan | Describe the property that secures the c | laim: | \$865,140.75 | \$1,100,000.00 | \$0.00 |
| Creditor's Name | - | 372 Forest Ave Paramus, NJ 07 | 652 | | | |
| | sident / Vice | Bergen County | | | | |
| President | i / C.E.O sible Agent | As of the date you file, the claim is: Check | k all that | | | |
| | ce De Leon | apply. | | | | |
| Blvd. 5th | | ☐ Contingent | | | | |
| Coral Gab | oles Fl 33146 | | | | | |

Number, Street, City, State & Zip Code

☐ At least one of the debtors and another

Date debt was incurred Active 11/19

Opened 03/07 Last

☐ Check if this claim relates to a

Who owes the debt? Check one.

☐ Debtor 1 and Debtor 2 only

community debt

■ Debtor 1 only

Debtor 2 only

☐ Unliquidated ☐ Disputed

car loan)

Nature of lien. Check all that apply.

☐ Judgment lien from a lawsuit

 \square Other (including a right to offset)

An agreement you made (such as mortgage or secured

7575

☐ Statutory lien (such as tax lien, mechanic's lien)

Last 4 digits of account number

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 10 of 22

| Debtor 1 Louisa F. Correa | | Case number (if known) | 19-31542 | | |
|---|--|------------------------|----------------|--------------|--|
| First Name Middle | Name Last Name | | | | |
| Financial Pacific Leasing Inc. | Describe the property that secures the claim: | \$9,344.04 | \$0.00 | \$0.00 | |
| Creditor's Name | CS8100/RVG 6200 (Equipment) | | | | |
| 3455 S. 344th Way #300 Federal Way, WA 98001-9546 Number, Street, City, State & Zip Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or s car loan) | secured | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| At least one of the debtors and another | 3 | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Equipme | ent finance agreement | | | |
| Date debt was incurred | Last 4 digits of account number 7301 | 1 | | | |
| 2.3 Harry Steinmetz | Describe the property that secures the claim: | \$652,884.07 | \$1,100,000.00 | \$652,884.07 | |
| Creditor's Name | 372 Forest Ave Paramus, NJ 07652 Bergen County | | | | |
| 188 East 78th St. Apt. 24 B New York, NY 10075 Number, Street, City, State & Zip Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | J | | | |
| Who owes the debt? Check one. | ■ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or s car loan) | secured | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| ☐ At least one of the debtors and another | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | |
| Date debt was incurred 06/19/2017 | | | | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 11 of 22

| Debtor 1 Louisa F. Correa | | Case number (if known) | 19-31542 | |
|---|--|------------------------|-------------|--------|
| First Name Middle N | lame Last Name | | | |
| 2.4 Mercedes Benz Financial | Describe the property that secures the claim: | \$20,001.00 | \$40,900.00 | \$0.00 |
| Creditor's Name | 2019 Mercedes Benz E450 | | | |
| Attn: President / Vice | Automobile Lease | | | |
| President / C.E.O | As of the date you file, the claim is: Check all that | | | |
| / Responsible Agent P.o. Box 961 | apply. | | | |
| Roanoke, TX 76262 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or s | secured | | |
| ☐ Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 5/20/19 Last Active Date debt was incurred 11/19 | Last 4 digits of account number 7001 | I | | |
| 2.5 Mercedes Benz Financial | Describe the property that secures the claim: | \$11,550.00 | \$23,265.00 | \$0.00 |
| Creditor's Name | 2018 Mercedes Benz C300 | Ψ11,330.00 | Ψ20,200.00 | Ψ0.00 |
| Attn: President / Vice | Automobile Lease | | | |
| President / C.E.O | | | | |
| / Responsible Agent | As of the date you file, the claim is: Check all that apply. | | | |
| P.o. Box 961 Roanoke, TX 76262 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ■ An agreement you made (such as mortgage or s | secured | | |
| ☐ Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened | | | | |
| 8/17/18 | | | | |
| Date debt was incurred Last Active 11/19 | Last 4 digits of account number 8001 | <u> </u> | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 12 of 22

| Debtor 1 Louisa F. Correa | | Case number (if known) | 19-31542 | | |
|--|--|------------------------------------|---------------------------|-------------|--|
| First Name Middle Na | ame Last Name | | | | |
| 2.6 State of New Jersey | Describe the property that secures the claim: | \$65,000.00 | \$0.00 | \$65,000.00 | |
| Creditor's Name | besome the property that secures the claim. | | | | |
| NJ Department of Banking and Insurance | As of the data was file the plain in Oblinia | | | | |
| 20 W. State Street | As of the date you file, the claim is: Check all that apply. | | | | |
| Trenton, NJ 08625 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or | secured | | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | | |
| \square At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Fine | | | | |
| Date debt was incurred | Last 4 digits of account number 200 | 08 | | | |
| 2.7 Wells Fargo Bank | Describe the property that secures the claim: | \$168,809.00 | \$1,100,000.00 | \$0.00 | |
| Creditor's Name | 372 Forest Ave Paramus, NJ 07652 | | ψ1,100,000.00 | 40.00 | |
| Attn: President / Vice | Bergen County | | | | |
| President / C.E.O | | | | | |
| / Responsible Agent | As of the date you file, the claim is: Check all that apply. | | | | |
| Po Box 10335 | Contingent | | | | |
| Des Moines, IA 50306 | | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| _ | _ | | | | |
| Debtor 1 only | An agreement you made (such as mortgage or car loan) | secured | | | |
| Debtor 2 only | _ ′ | | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien |) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | quity Loan | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | quity Loan | | | |
| Opened 02/08 Last | | | | | |
| Active | | | | | |
| Date debt was incurred 9/30/19 | Last 4 digits of account number 199 | 8 | | | |
| | | | | | |
| | | 4 | | | |
| - | olumn A on this page. Write that number here: | \$1,792,728. | 86 | | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$1,792,728. | 86 | | |
| Part 2: List Others to Be Notified fo | r a Debt That You Already Listed | | | | |
| trying to collect from you for a debt you o | e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, ar you listed in Part 1, list the additional creditors is page. | nd then list the collection agen | cy here. Similarly, if yo | u have more | |
| Name, Number, Street, City, State & 2 | Zip Code On | which line in Part 1 did you entel | r the creditor? 2.1 | | |
| Aldridge Pite, LLP | | | | | |
| Josephine E. Salmon | | t 4 digits of account number | | | |
| 4375 Jutland Drive, Suite 20 P.O. Box 17933 | JU | | | | |
| San Diego, CA 92177-0933 | | | | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 13 of 22

| Debto | Louisa F. Correa | | Case number (if known) | 19-31542 |
|-------|--|-----------|--|-----------------------|
| | First Name Middle Name | Last Name | | |
| | Name, Number, Street, City, State & Zip Code Aldridge Pite, LLP Gilbert R. Yabes 4375 Jutland Drive, Suite 200 P.O. Box 17933 San Diego, CA 92177-0933 | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? _2.1_ |
| | Name, Number, Street, City, State & Zip Code BK Servicing, LLC Ed Gezel - Agent P.O. Box 131265 Roseville, MN 55113 | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? _2.4_ |
| | Name, Number, Street, City, State & Zip Code BK Servicing, LLC Ed Gezel - Agent P.O. Box 131265 Roseville, MN 55113 | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? 2.5 |
| | Name, Number, Street, City, State & Zip Code Daimler Trust c/o BK Servicing, LLC Attn: President/ Vice President / C.E.O P.O. Box 131265 Roseville, MN 55113 | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? _2.4 |
| | Name, Number, Street, City, State & Zip Code Daimler Trust c/o BK Servicing, LLC Attn: President/ Vice President / C.E.O P.O. Box 131265 Roseville, MN 55113 | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? _2.5 |
| | Name, Number, Street, City, State & Zip Code Duane Morris LLP Steven T. Knipfelberg One Riverfront Plaza 1037 Raymond Blvd. Newark, NJ 07102 | | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? _2.3_ |
| | Name, Number, Street, City, State & Zip Code John C Grady, D.A.G. Richard J Hughes Justice Complex 25 Market Street P.O. Box 083 Trenton, NJ 08625 | | On which line in Part 1 did you enter Last 4 digits of account number | |
| | Name, Number, Street, City, State & Zip Code Wells Fargo Bank, N.A. Default Document Processing Judi M. Upchurch-V.P. Loan Documentation 1000 Blue Gentian Road N9286-01Y Eagan, MN 55121-7700 | 1 | On which line in Part 1 did you enter Last 4 digits of account number | r the creditor? _2.7 |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main

| | | Document | Page 14 of 2 | 22 | | |
|---|---|---|--|--|--|--------------------|
| Fill in this inform | nation to identify your | case: | | | | |
| Debtor 1 | Louisa F. Correa | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF NEW JERS | EY | | | |
| Case number 1 | 19-31542 | | | | , | |
| (if known) | | | | | | if this is an |
| | | | | | ameno | led filing |
| Official Form | n 106E/F | | | | | |
| Schedule E | /F: Creditors W | ho Have Unsecure | ed Claims | | | 12/15 |
| Part 1: List Al 1. Do any credite No. Go to P Yes. 2. List all of your identify what typossible, list the Part 1. If more in the contact of the contact | ors Who Have Claims Sectinuation Page to this pagnber (if known). If of Your PRIORITY Unors have priority unsecured art 2. Tripriority unsecured claims pe of claim it is. If a claim have claims in alphabetical order than one creditor holds a page. | s. If a creditor has more than one as both priority and nonpriority are raccording to the creditor's nam articular claim, list the other credit | e is needed, copy the Pario report in a Part, do not for a priority unsecured claim, linounts, list that claim here a le. If you have more than twors in Part 3. | t you need, fill it out, it is out, it is that Part. On the to the the that Part is the creditor separate and show both priority a | number the entries i op of any additional ly for each claim. For ind nonpriority amoun | each claim listed, |
| (For an explana | ation of each type of claim, | see the instructions for this form in | n the instruction booklet.) | Total claim | Priority | Nonpriority |
| 2.1 Internal | Revenue Service | Last 4 digits of ac | count number | \$48,709.70 | amount \$48,709.70 | amount \$0.00 |
| Priority Cre PO Box | editor's Name 7346 | When was the del | | | - | |
| | Iphia, PA 19101 treet City State Zip Code | As of the date you | u file, the claim is: Check a | all that apply | | |
| | d the debt? Check one. | ☐ Contingent | a me, and eram for enough | an triat apply | | |
| Debtor 1 o | only | ☐ Unliquidated | | | | |
| Debtor 2 o | only | ☐ Disputed | | | | |
| Debtor 1 a | and Debtor 2 only | • | unsecured claim: | | | |
| _ | ne of the debtors and anothe | er Domestic suppo | ort obligations | | | |
| ☐ Check if t | his claim is for a commu | nity debt Taxes and certa | ain other debts you owe the | government | | |

 $\hfill\Box$ Claims for death or personal injury while you were intoxicated

☐ Other. Specify ___

Is the claim subject to offset?

■ No

☐ Yes

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 15 of 22

| Debt | or 1 Louisa F. Correa | | Case number (if known) 19-3 | 1542 | |
|---------|--|---|--|-----------------------|------------|
| 2.2 | State of New Jersey Division of Taxation | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 |
| | Priority Creditor's Name Compliance & Enforcement - Compliance 50 Barrack Street, 9th Floor Trenton, NJ 08695 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: | Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you | owe the government | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury | while you were intoxicated | | |
| | ■ No | Other. Specify | | | |
| | Yes | | | | |
| u th | ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each clan one creditor holds a particular claim, list the other lart 2. | aim. For each claim listed, identify what t | ype of claim it is. Do not list claims alr | eady included in Part | 1. If more |
| | | | | Total claim | |
| 4.1 | AFS/AmeriFinancial Solutions, LLC. | Last 4 digits of account number | 9775 | | \$118.00 |
| | Nonpriority Creditor's Name Attn: President / Vice President / C.E.O / Responsible Agent Po Box 65018 | When was the debt incurred? | Opened 07/15 Last Active 02/15 | , | |
| | Baltimore, MD 21264 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | I claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | ration agreement or divorce that you | did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | • | | |
| | Yes | Other. Specify Room Asso | Attorney Valley Emergency oc Pa | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 16 of 22

| Debioi | Louisa F. Correa | | Case Humber (II kilowii) 19-31342 | |
|--------|--|--|--|-------------|
| 4.2 | American Express Nonpriority Creditor's Name | Last 4 digits of account number | 2003 | \$27,371.44 |
| | Travel Related Services Company, | When was the debt incurred? | | |
| | Inc. PO Box 53773 Phoenix, AZ 85072 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 4.3 | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 8233 | \$43,419.00 |
| | Attn: President / Vice President / C.E.O | When was the debt incurred? | Opened 02/89 Last Active 11/08/19 | |
| | / Responsible Agent / Bankruptcy Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 | Aronsohn Weiner & Slerno Nonpriority Creditor's Name | Last 4 digits of account number | | \$4,753.98 |
| | 263 Main Street Hackensack, NJ 07601 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | a plane, and other similar debte | |
| | ■ No | | y pians, and other similar debts | |
| | ☐ Yes | Other. Specify Contract | | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 17 of 22

Case number (if known) 19-31542

| Debi | or i Louisa F. Correa | | Case number (if known) 19-31542 | |
|------|---|--|--|------------|
| 4.5 | Capital One/Neiman Marcus/Bergdorf Goodm Nonpriority Creditor's Name | Last 4 digits of account number | 3697 | \$6,689.00 |
| | Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Dept Po Box 30285 | When was the debt incurred? | Opened 09/18 Last Active 11/07/19 | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| | ■ No | | | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 4.6 | Citibank/The Home Depot | Last 4 digits of account number | 0017 | \$84.00 |
| | Nonpriority Creditor's Name Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Po Box 790034 | When was the debt incurred? | Opened 06/18 Last Active 11/19 | |
| | St Louis, MO 63179 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Charge Acc | • • | |
| | □ 169 | Other. Specify Charge Act | Journ | |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 18 of 22

| Debtor | 1 Louisa F. Correa | | Case number (if known) | 19-31542 | |
|--------|---|---|---------------------------------|-----------------|----------------------|
| 4.7 | Dsnb Bloomingdales | Last 4 digits of account number | 3631 | | Unknown |
| | Nonpriority Creditor's Name Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Po Box 9111 | When was the debt incurred? | Opened 09/09 Last 2 12/22/09 | Active | |
| | Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce the | hat you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.8 | Internal Revenue Service Nonpriority Creditor's Name | Last 4 digits of account number | | _ | \$20,629.32 |
| | PO Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | s: Check all that apply | | |
| | Who incurred the debt? Check one. | , | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce the | hat you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | ☐ Yes | Other. Specify Tax | | | |
| 4.9 | Navient | Last 4 digits of account number | 0114 | | \$50,482.00 |
| | Nonpriority Creditor's Name Attn: President / Vice President / C.E.O / Responsible Agent / Bankruptcy Po Box 9640 | When was the debt incurred? | Opened 01/13 Last 10/19 | Active | V 00, 102.100 |
| | Wilkes-Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | - | • | |
| | No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | Yes | Other. Specify | - | | |
| | | Educationa | ıl | | |

Official Form 106 E/F

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Mail Document Page 19 of 22

Debtor 1 Louisa F. Correa Case number (if known) 19-31542 4.1 0 **Navient** 0408 \$21,202.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: President / Vice President / Opened 04/14 Last Active C.E.O When was the debt incurred? 10/19 / Responsible Agent / Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 Navient 1101 \$19,194.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: President / Vice President / Opened 11/13 Last Active When was the debt incurred? 10/19 / Responsible Agent / Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify ☐ Yes

Educational

Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Case 19-31542-VFP Document Page 20 of 22

| c Card Services riority Creditor's Name a: President / C.E.O. / ponsible at the control of the c | Last 4 digits of account number When was the debt incurred? | 8779 | | \$3,842.24 |
|--|--|--|--|--|
| n: President / C.E.O. / ponsible nt | When was the debt incurred? | | | |
| nt | | 12/18/2019 | | |
| per Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | |
| incurred the debt? Check one. | 7.0 0. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0 | on one an anal apply | | |
| ebtor 1 only | ☐ Contingent | | | |
| ebtor 2 only | ☐ Unliquidated | | | |
| ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| t least one of the debtors and another | _ | d claim: | | |
| heck if this claim is for a community | _ | | | |
| e claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| o | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| es | Other. Specify | | | |
| zon by American InfoSource | Last 4 digits of account number | | | \$370.48 |
| 5 Santa Fe Ave | When was the debt incurred? | | | |
| per Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | |
| incurred the debt? Check one. | | | | |
| ebtor 1 only | ☐ Contingent | | | |
| ebtor 2 only | ☐ Unliquidated | | | |
| ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| t least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| heck if this claim is for a community | ☐ Student loans | | | |
| e claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| 0 | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| es | Other. Specify Services | | | |
| st Others to Be Notified About a Deb | ot That You Already Listed | | | |
| collect from you for a debt you owe to so han one creditor for any of the debts that | meone else, list the original creditor in you listed in Parts 1 or 2, list the addi | Parts 1 or 2, then list the | collection agency here. | Similarly, if you |
| | | • | | |
| | | _ | | |
| le | • | Part 2: Creditors with Nonp | oriority Unsecured Claims | |
| n, DE 19801 | Last 4 digits of account number | | | |
| | | | | |
| | . • • • • • • • • • • • • • • • • • • • | _ | ity I Inggayrad Claima | |
| lilano - Bankruptcy | | _ | | i |
| field Road | | | | |
| | | | | |
| | _ast 4 digits of account number | | | |
| | ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim is for a community e claim subject to offset? o es zon by American InfoSource riority Creditor's Name 5 Santa Fe Ave ahoma City, OK 73118 ber Street City State Zip Code incurred the debt? Check one. ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another heck if this claim is for a community e claim subject to offset? o es st Others to Be Notified About a Debter only if you have others to be notified alcollect from you for a debt you owe to so han one creditor for any of the debts that any debts in Parts 1 or 2, do not fill out of the sets e Financial Services LLC dent / C.E.O. / ele est Street n, DE 19801 | Disputed Type of NONPRIORITY unsecure Student loans Other. Specify | Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 | Disputed Type of NONPRIORITY unsecured claim: Student loans Chiliquitons arising out of a separation agreement or divorce that you did not report as priority claims Chiliquitons arising out of a separation agreement or divorce that you did not report as priority claims Chiliquitons arising out of a separation agreement or divorce that you did not report as priority creditors Name Continuent of the debt of the continuent of the |

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 21 of 22

Debtor 1 Louisa F. Correa Case number (if known) 19-31542

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 48,709.70 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 48,709.70 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 90,878.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | 0.00 |
| | | you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 107,277.46 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 198,155.46 |

Case 19-31542-VFP Doc 26 Filed 02/27/20 Entered 02/27/20 13:38:53 Desc Main Document Page 22 of 22

| Fill in this information to identify your case: | | | | |
|---|-----------------------------|---|--|--|
| Louisa F. Correa | | | | |
| First Name | Middle Name | Last Name | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| nkruptcy Court for the: | DISTRICT OF NEW JERSEY | | | |
| 19-31542 | | | | |
| | | | | |
| | Louisa F. Correa First Name | Louisa F. Correa First Name Middle Name First Name Middle Name Middle Name DISTRICT OF NEW JERSEY | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | |
|-----|---|---|
| Di | d you pay or agree to pay someone who is NOT an at | torney to help you fill out bankruptcy forms? |
| | No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| tha | der penalty of perjury, I declare that I have read the su t they are true and correct. /s/ Louisa F. Correa | ummary and schedules filed with this declaration and |
| | Louisa F. Correa | Signature of Debtor 2 |
| | Signature of Debtor 1 | |
| | | |

Official Form 106Dec